

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02914

93-6

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County..... Queen Anne
City or town..... Bear Church Twp.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Norman S. Atkins

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Ethel Atkins

7. Birth date of deceased (mo., day, yr.)..... Feb. 27 - 1891 8. (c) If alive, give age..... years

8. AGE: Years..... 55 Months..... 0 Days..... 17 If less than one day..... hrs..... min.....

9. Birthplace..... West Virginia (Town, county, and state)

10. Usual occupation..... Mechanic

11. Industry or business..... Ennis Atkins

12. Name..... Ennis Atkins 13. Birthplace..... West Virginia

14. Maiden name..... Anna S. Jones 15. Birthplace..... West Virginia

16. Informant..... Mrs. Norman Atkins

Address..... Church Hill Rd - R.F.D. 17. Burial..... Burial Date thereof..... Mar. 14, 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Bealeton Cem.

Location..... Bealeton, W. Virginia

18. Funeral director..... Edgar L. Lane

Address..... Church Hill Rd.

19. Date rec'd by registrar..... March 11, 1946

(Date rec'd by registrar) Edgar L. Lane Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Virginia County..... Raleigh

City or town..... Bealeton (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 11, 1946, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11, 1946, to March 11, 1946, and that I last saw him alive on March 11, 1946.

Immediate cause of death..... Cerebral haemorrhage DURATION 1 hour

Due to..... Hyper tension cerebral hemorrhage DURATION Unknown

Due to..... Hypertension cerebral hemorrhage DURATION Unknown

Other conditions..... Schizoidia DURATION Unknown

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... C. R. Layton MD M. D. or other

Address..... Centreville Rd Date signed 3-11-46

(Date rec'd by registrar) Edgar L. Lane

RECEIVED
MAR 19 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9.45.1

VS A15

Evidence for change of year MARYLAND STATE DEPARTMENT OF HEALTH

of birth of deceased is shown on

2411 N. Charles St., Baltimore 2020

Dr. C. Rodney Layton
Centreville Md
Reg. Dist. No. 254
Date signed 02/01/15

FILM NO. I 04 MAY 22 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

City or town.....

Queen Anne
Sequenstowr

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 10 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Dixie Bolden

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

6. (b) Name of husband or wife

John Bolden

7. Birth date of

deceased (mo., day, yr.)

Feb 11 - 1911 1905

8. (c) If alive, give age 37 years

8. AGE:

Years	Months	Days	If less than one day
37	1	11	hrs. min.

9. Birthplace

Baltimore Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Dixie Nelson

MOTHER FATHER

12. Name..... Dixie Nelson

13. Birthplace..... Centreville Md

14. Maiden name..... Florence Nelson

15. Birthplace..... Queenstown Rural Md

16. Informant..... Ophelia Flora Mae

Address..... Hyerlock, Md

17. Burial Date thereof..... May 24 46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or churchyard..... Bryan's Chapel Churchyard

Location..... Grasonville Md

18. Funeral director..... Guy D. Helleman

Address..... Easton Md

19. March 24 46 Hear M. A. Drudge

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD

County..... Queen Anne

City or town..... Queenstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 22 1946 at 11:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9:00 AM 1946 to 1:00 PM 1946, to

and that I last saw h..... alive on Mar 21 1946

Immediate cause of death.....

Obstruction of the bowels

Due to.....

Obstruction of the bowels

Due to.....

Obstruction of the bowels

Other conditions.....

Obstruction of the bowels

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Centreville Md

Date signed 3-21-46

RECEIVED

MAR 28 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

02916

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME:

4. Sex: Male 5. Color or race: Colored 6. (a) Single, married, widowed, or divorced:

6. (b) Name of husband or wife: Ernest L. Brooks

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1867

6. (c) If alive, give age years

8. AGE: Years 78 Months 6 Days 27 If less than one day hrs. min.

9. Birthplace: New York City (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

12. Name: George L. Brooks

13. Birthplace: New York City

14. Maiden name: Anna Hodder

15. Birthplace: New York City

16. Informant: Edgar L. Lane

Address: Belvoir Rd.

17. Burial: Cemetery or crematory: Roessville Cem.

Date thereof: Mar. 19-1946

(Burial, cremation, or removal Which?)

(month) (day) (year)

Cemetery or crematory: Roessville Cem.

Location: Roessville Rd.

18. Funeral director: Edgar L. Lane

Address: Church Hill Rd.

19. Date rec'd by registrar: Mar. 18 1946

(Data rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newly-born Infants, give residence of mother)

State: Maryland County: Anne Arundel

City or town: Belvoir Rd. (If outside city or town limits, write RURAL and give nearest town)

Street No.: 900 (If rural, give LOCATION)

2.(a) If veteran, name war:.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH:

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death:

Suffocation

Due to:

Suffocation

Due to:

Hepatitis

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

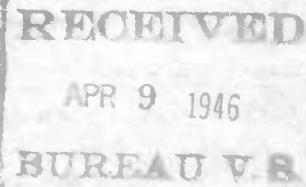
Means of Injury:

Injured at work? ✓

23. SIGNATURE:

or other

Address: Belvoir Rd. Date signed: Mar. 18



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

02917

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Several years

Hospital, institution, or street address where death occurred?

3. (a) FULL NAME

Eliza Beale Lester

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct. 26, 1875

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Chestertown, Md.

Location

Chestertown, Md.

18. Funeral director

Edgar L. Lane

Address

Church Stree, Md.

19. Date rec'd by registrar

19

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Indude pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide. ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

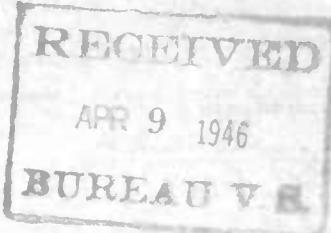
Means of injur

Injured at work?

23. SIGNATURE

Mo. D. other

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Recd*

02918

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrsHospital, Institution, or street address where death occurred: WHow long in hospital or institution? 72

3. (a) FULL NAME

Napoleon Cole4. Sex M5. Color or race W6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Anna Cole7. Birth date of deceased (mo., day, yr.) Sept 23, 18616.(c) If alive, give age years

8. AGE:

Years 84Months 5Days 24

If less than one day

hrs.

min.

9. Birthplace 90 Md

(Town, County, and state)

10. Usual occupation Farmer11. Industry or business -

MOTHER FATHER

12. Name Samuel Cole13. Birthplace 90 Lubbock14. Maiden name -15. Birthplace 90 Lubbock16. Informant Elders ColeAddress Church Hill Md17. Burial CemeteryDate thereof May 22 1946

(month) (day) (year)

Cemetery or crematory CrumptonLocation Crumpton Md.18. Funeral director Edgar L. LaneAddress Church Hill Md.19. Date rec'd by registrar Mar 22 1946

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Green AnneCity or town near Church Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No. -

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19to 1946 at 5:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 to 1945, to March 19 1946
and that I last saw him alive on March 18 1946Immediate cause of death Pneumonia - a relapseDue to Chronic - my accountDue to Great Ortho. PolioOther conditions Fever

(Include pregnancy within 8 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE @ N White

M. D. or other

Address Fundeville Md Date signed 3/22/46

RECEIVED

APR 9 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-d

02919

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
 City or town Centerville R. D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Prosetta Deaton

4. Sex

Female	5. Color or race <u>Col.</u>	6.(a) Single, married, widowed, or divorced <u>married</u>
--------	---------------------------------	---

6.(b) Name of husband or wife

Clarence Deaton

7. Birth date of deceased (mo., day, yr.)

B.C. If alive, give age 55 years
Aug 18 89

8. AGE:

Years <u>56</u>	Months	Days	If less than one day hrs. min.
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9. Birthplace

Queen Anne
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Hensley Farms

FATHER

12. Name G. A. Co

MOTHER

13. Birthplace S. A. Co

FATHER

14. Maiden name Sarah Deaton

MOTHER

15. Birthplace G. A. Co

FATHER

16. Informant Clara Deaton

Address

Centerville R. D.

MOTHER

17. Burial Date thereof Jan 6 - 46
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Burwell's

Location

Burwell's Pub

FATHER

18. Funeral director Edgar & Jane

Address

Church Hill Rd

MOTHER

19. Date rec'd by registrar 3-6-46

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen AnneCity or town Centerville R. D.
(If outside city or town limits, write RURAL and give nearest town)Street No. 12
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1946 at 12:00 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov 1 1946 to Nov 3 1946, feand that I last saw him alive on Nov 1 1946

Immediate cause of death

Pneumonia

Due to

Hyperglycemia

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

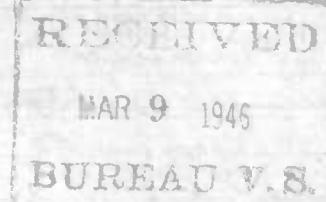
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. S. Mathews M. D. or otherAddress Centerville R. D. Date signed 3/6/46

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02920 252
Reg. Dist. No.

1. PLACE OF DEATH:

County Queen Anne's
City or town P.T.O. Queen Anne's

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? as his home

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Male white Widowed
5. Color or race
6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Mary Priscilla Wetherby

7. Birth date of deceased (mo., day, yr.) Oct - 6 - 1868
6. (c) If alive, give age years8. AGE: Years Months Days If less than one day
77 5 0 hrs. min.B. Birthplace Queen Anne's Co Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER William Martin Everingam
12. Name Queen Anne Co Md

13. Birthplace Sarah Calloway

14. Maiden name Queen Anne Co Md

15. Birthplace Queen Anne Dow Everingam

16. Informant R.F.D. Queen Anne Md

Address Burial Date thereof Mar 8 46
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Centreville Md

18. Funeral director Barton Bros

Address Centreville Md.

19. 3-8-46 Elsie Demetres
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's
City or town P.T.O. Queen Anne's

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1946 at 7-1 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 - 1945 to March 5 1946

and that I last saw him alive on 19

Immediate cause of death

Duration

Chronic Enterstitial nephritis

Due to

Due to

Other conditions Natural Regurgitation

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.H. Fisher M. D. or other

Registration Address Cecilton Md Date signed 3/6/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-b

02921

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

*Queen Anne's
Middletown*

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?.....

1 month

Hospital, Institution, or street address where death occurred:

Robbins nursing home

How long in hospital or institution?.....

1 month

3. (a) FULL NAME

George L. Hurley

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....

6. (c) If alive, give age..... years

April 13 1875

8. AGE: Years _____ Months _____ Days _____ If less than one day

70 10 18

9. Birthplace.....

(Town, county, and state)

Maryland

10. Usual occupation.....

Retired telephone lineman

11. Industry or business

12. Name.....

unknown

13. Birthplace.....

unknown

14. Maiden name.....

unknown

15. Birthplace.....

unknown

16. Informant.....

Mrs. Ella Bailey

Address.....

P.O. Middletown Del

17. Burial (Burial, cremation, or removal, which?).....

Date thereof.....

(month) (day) (year)

3/6/46

Cemetery or crematory.....

Lake side

Location.....

Silver Leaf

18. Funeral director.....

Edward Bellour

Address.....

Middleton Md.

19. Date rec'd by registrar.....

*March 5 1946**Edgar L. Lane*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 3 1946 at 1 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 10 1946 to March 3 1946*and that I last saw him alive on *March 3 1946*.

Immediate cause of death.....

*Arterialclerosis*Due to *Arterial sclerosis*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... *G. L. Coffman* M. D. or other.....Address..... *Middleton* Date signed *March 5 1946*

RECEIVED IN THE STATE OF ILLINOIS

ATTORNEY GENERAL'S OFFICE

DEPARTMENT OF JUSTICE

ENVELOPE NO. 362852

RECEIVED

MAR 9 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

02922

1. PLACE OF DEATH

County..... Queen Anne's
 City or town..... Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert Jones

4. Sex

Male | White | Widowed

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife..... Louise Jones

7. Birth date of deceased (mo., day, yr.)

June 20 1897

6. (c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
48			hrs. min.

9. Birthplace

Millington Md.

(Town, county, and state)

10. Usual occupation

Printer

11. Industry or business

Cobet Jones

12. Name

Delaware

13. Birthplace

Jenine Baker

14. Maiden name

Phila. Pa.

15. Birthplace

James Jones

Millington Md.

16. Informant

Burial

Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Millington Md.

18. Funeral director

Edward Ellour

Address

Millington Md.

19. Date rec'd by registrar

March 8 46 Edgar H. Lane

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State..... Md. County..... Queen Anne's
 City or town..... Rural Millington
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 5 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Tues 1944 to Wed 5 1946; and that I last saw him alive on Wed 5 1946.

Immediate cause of death..... Auto. Cardiac Det.

DURATION

Due to..... Myocardial infarction

Due to..... Cerebral vascular

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

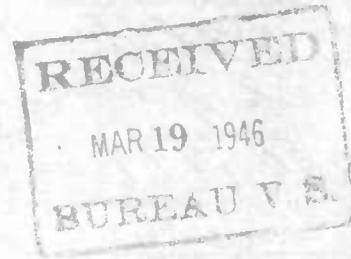
Accident, suicide, or homicide..... No Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... P. W. McAlfe M. D. or otherAddress..... Federal Bldg. 2nd flr Date signed 3/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

02923

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County..... Queen Anne
 City or town..... Rural - Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank B. Kennard

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Separated

6.(b) Name of husband or wife..... Clara Kennard

7. Birth date of deceased (mo. day, yr.) July 1, 1892

8. AGE:	Years	Months	Days	If less than one day
	53	8	6	hrs. min.

9. Birthplace..... Kent Co. Maryland
(Town, county, and state)

10. Usual occupation..... Stone Mason

11. Industry or business

12. Name Joseph A. Kennard

13. Birthplace Maryland

14. Maiden name Mary C. Boone

15. Birthplace Maryland

16. Informant Mrs. Wm. Benjamin

Address Cannon St. Chestertown, Md.

17. Burial Date thereof Mar. 12, 1946
(Burial, cremation, or removal. Which?)

Cemetery or crematory Chester Cem.

Location Chestertown - Kent Co. - Md.

18. Funeral director J. Willis Wells

Address Chestertown, Maryland

19. Mar. 11 1946 Edgar L. Lane
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Kent
 City or town..... Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

213-18-4960

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1946, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

drowned

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of 3/7-46

Where did injury occur? Mar. Church Hill - 24 3rd (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

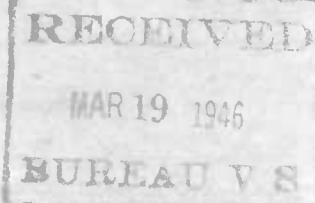
Means of injury.....

Injured at work?

23. SIGNATURE..... W. Henry Fisher

Date signed 3/11-46

Address Chestertown, Maryland Date signed 3/11-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94-01)

02924

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County..... *Glen Burnie.*City or town..... *Glen Burnie.*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *1 day*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

J. Frank Lane.

4. Sex

m

5. Color or race

w.

6.(a) Single, married, widowed, or divorced

Widowed.

6.(b) Name of husband or wife.....

Marguerite Lane.

7. Birth date of deceased (mo., day, yr.)

Oct 19, 1881

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

64

4

13

hrs.

min.

9. Birthplace.....

Temperanceville Caroline Md.

(Town, county, and state)

10. Usual occupation.....

Automobile Dealer.

11. Industry or business

12. Name..... *James A. Lane*13. Birthplace..... *Md.*14. Maiden name..... *Rebecca Merchant*15. Birthplace..... *Md.*

16. Informant.....

J. Frank Lane Jr.

Address

*Glen Burnie*Date thereof... *3 / 5 / 46*
(month) (day) (year)

Cemetery or crematory.....

Glen Burnie

Location.....

Glen Burnie Md.

18. Funeral director.....

Raymond B. Pawley

Address

*Glen Burnie Md.*19. 3 - 3 - 1946
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Md.*

County.....

Caroline

City or town.....

Glen Burnie

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

March 1

19 46, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 1 1946 to March 1 1946*end that I last saw him alive on *March 1 1946*

Immediate cause of death.....

*Congestive heart failure**Promotes*Due to..... *Congestive heart failure*Duration..... *Several years*

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

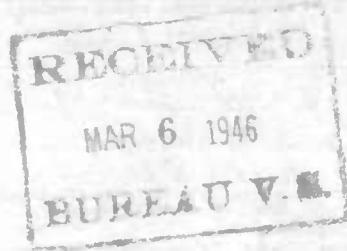
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... *Kent & Peeler M.D.*Date signed..... *3/2/46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

02925

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: *Dream Home*

County.....

New Church Hill

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Curtis McClain

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*Male**White**MARRIED**Don't know*

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 25 - 1894

8. AGE:

Years

Months

Days

If less than one day

*51**8**10*

hrs.

min.

9. Birthplace.....

Smyrna Del-

(Town, county, and state)

Laborer

10. Usual occupation.....

11. Industry or business

MOTHER

FATHER

12. Name.....

Wm Thomas McClain

13. Birthplace

Del-

14. Maiden name.....

Mary E. Jacobs

15. Birthplace

Del

16. Informant.....

Mrs McClain (in law)

Address

Wilmer Del.

17. Burial

(Burial, cremation, or removal which?)

Date thereof.....
(month) (day) (year)
Mar. 16 - 1946

Cemetery or crematory.....

Smyrna Cem.

Location.....

Smyrna Del.

18. Funeral director.....

Edgar S. Lane

Address

Church Hill Ind.

19. Mar. 11 1946

(Date rec'd by registrar)

Edgar S. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

MD County.....
Dream Ave

City or town.....

New Chastleton (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
March 7 1946

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on.....

19.....

Immediate cause of death.....

Drowned

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

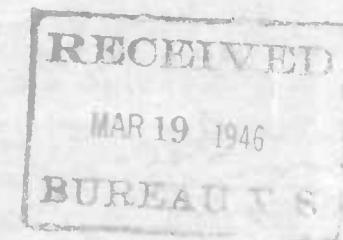
Accident, suicide, or homicide..... *Accident* Date of..... *3/7/46*Where did injury occur?..... *New Chastleton* (City or town) (County) (State) *Ind.*

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE *W. D. Fisher* *Off Hand Ex* *or other*Address *Cutterville Md.* Date signed *3/11-46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

02926

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 years

Hospital, institution, or street address where death occurred:

shore

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widow

6. (b) Name of husband or wife

William T. Porter

7. Birth date of deceased (mo., day, yr.)

July 20. 1864

B. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

81

5

12

hrs.

min.

9. Birthplace

Lancaster Co. Maryland

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name

Elizabeth Smith

13. Birthplace

L.A. Co. Ind

14. Maiden name

Mary Hopkins

15. Birthplace

L.A. Co. Ind

16. Informant

Mary Louis Porter

Address

Rock Hill Ind

17. Burial

(Burial, cremation, or removal With?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Death certificate

(Date rec'd by registrar)

Date thereof

Year 1946 (month) (day) (year)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent-

City or town Chestertown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1946 at 4:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1943 to Mar. 11 1946

and that I last saw her alive on Mar. 11 1946

Immediate cause of death

Cerebral hemorrhage -
Cerebral edema.

DURATION

19 hours

Due to

Due to

Other conditions

Edema cerebral

aged

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Chestertown Md Date signed 3/13/46

RECEIVED
MAR 19 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02927

254

Reg. Dist. No.

1. PLACE OF DEATH:

County Queen Anne's
 City or town Narrows, Rural Chester Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Steven H. Sloan4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife Son of deceased7. Birth date of deceased (mo., day, yr.) 7 7 1886 8. (c) If alive, give age years8. AGE: Years 59 Months Days It less than one day hrs. min. 9. Birthplace Do not know (Town, county, and state)10. Usual occupation Oyster Shucker

11. Industry or business

FATHER 12. Name Do not knowMOTHER 13. Birthplace " " "14. Maiden name Do not know15. Birthplace " " "16. Informant Halton D. HarrisAddress Chester, Maryland17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar 16-46 (month) (day) (year)Cemetery or crematory Colored Methodist ChurchLocation Chester Maryland18. Funeral director Bartow T. SlooAddress Cutterville, Md.19. Mar. 14 1946 H. M. Aldridge
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Rural Chester Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 700

(If rural, give LOCATION)

2.(a) If veteran, name war WWII

3. (b) Social Security Number

212-16-5306

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 194621. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1946 to March 13 1946and that I last saw h. alive on 19

Immediate cause of death

Hyster, Spontaneous19. DURATION 3 days

Due to

Due to

Other condition

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

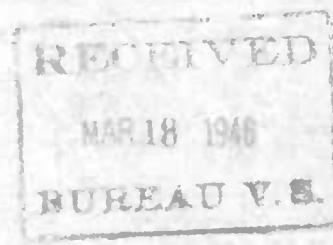
Means of injury

Injured at work?

23. SIGNATURE D. Charles B. Sloo

M. D. or other

Address Devereuxville, Md. Date signed 3/14/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

112928

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Martha Starkey

Bruce White, deceased

Paul Blighton Starkey

6. (a) Single, married, widowed, or divorced

6. (c) If alive, give age 47 years

5. Color of face

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Starkey

scullery

13. Birthplace

Portia Bruce Caw

14. Maiden name

Jehua Young

15. Birthplace

Agnes Bruce Caw

16. Informant

Starkey

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Signature

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9

19

46

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 11 to March 9, 1946

and that I last saw her alive on March 9, 1946

Immediate cause of death

Carcinoma
left Breast
metastases to
Lungs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Gastric resection
Date of op. July 15, 1944

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

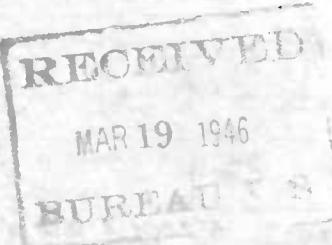
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed



Evidence for change of age
of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

02929

FILM No. I 01 APR 15 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

Queen Anne's
Suddlersville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife.....

Emma

7. Birth date of
deceased (mo., day, yr.)

June 7 1870

6. (c) If alive, give age..... years

8. AGE:

Years Months Days If less than one day
76 75 09 17 . hrs. . min.

9. Birthplace.....

Maryland
(town, county, and state)

10. Usual occupation.....

11. Industry or business

12. Name.....

James Teat

13. Birthplace.....

Maryland

14. Maiden name.....

Elizabeth Teat

15. Birthplace.....

Maryland

16. Informant.....

Mrs. Carroll Jackson

Address.....

Suddlersville Md.

17. Burial.....

Date thereof..... 3/27/46

(Burial, cremation, or removal. Which?)

Location.....

Suddlersville Md.

18. Funeral director.....

Raymond B. Rawlings

Address.....

Greensboro Md.

19. Date rec'd by registrar.....

(Date rec'd by registrar)

Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Queen Anne

City or town..... Suddlersville (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Mar. 34

1946, at 1140 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Henry Teat Mar. 26, 1946
and that I last saw him alive on March 34 1946

Immediate cause of death.....

Cardiac Arrest

Due to.....

Pneumonia

Due to.....

Pneumonia

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

None

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... No Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

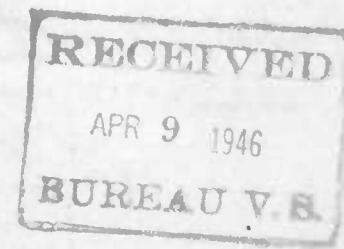
Moore of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Date signed.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore. (920)

CERTIFICATE OF DEATH

Reg. Dist. No. 252
02930

1. PLACE OF DEATH:

County Queen Anne

City or town Ruthbridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Josephine Thomas

4. Sex

Female

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Howard Thomas

7. Birth date of deceased (mo., day, yr.)

Dec about 1870

6.(c) If alive, give age 68 years

8. AGE:

about 70

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Queen Anne Md

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Oliver Hand

12. Name

Oliver Hand

13. Birthplace

Md

14. Maiden name

Nelson

15. Birthplace

Tobacco

16. Informant

Virginia Smith

Address

1938 W. Jefferson St Phila

Burial

Burial

Date thereof April 4-46

(month) (day) (year)

Cemetery or crematory

Centerville

Location

Centerville Md

18. Funeral director

Elijah L. Lane

Address

Church Hill Rd

Date rec'd by registrar

Apr 4 1946

Elzie Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md

County

Queen Anne

City or town

Ruthbridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

3. 31 1946 at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 10 1946 to 3/31 1946

and that I last saw her alive on 3/30 1946

Immediate cause of death

Values decreased by
the heart

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J.S. McNamee M. D. or other

Address Queen Anne Date signed Apr 13 1946

